

PART B - FEE(S) TRANSMITTAL

AUG 08 2006

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Dearborn, MI 48126

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Stacy Baker-Cole (Depositor's name)
Stacy Baker-Cole (Signature)
August 8, 2006 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/712,683	11/13/2003	Ihab Soliman	FMC1624PUS/202-1442	9108

TITLE OF INVENTION: ELECTRONIC ADAPTIVE SWAP-SHIFT CONTROL FOR AN AUTOMATIC TRANSMISSION FOR AUTOMOTIVE VEHICLES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	08/23/2006
EXAMINER	ART UNIT	CLASS-SUBCLASS	09/09	2006 TBESHAM2 00000015 061510	10712683
PANG, ROGER L	3681	477-156000	01 FC:1501	1400.00 DA	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page (if applicable)
 the names of up to 3 registered patent attorneys or agents OR, alternatively,
 the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Ford Global Technologies, LLC

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Dearborn, MI 48126

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-1570 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

David B. Kelley

Date 8-8-06

Typed or printed name

David B. Kelley

Registration No. 33,718

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